

Altera Law Group, LLC**Declaration and Power of Attorney Patent Application
(Design or Utility)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A METHOD AND APPARATUS FOR PROVIDING MULTI-PROTOCOL, MULTI-STAGE, REAL-TIME FRAME CLASSIFICATION

the specification of which

- ☒ is referred to by Altera reference number on a separate document
☐ is attached hereto
☐ was filed on _____ as application serial no. _____ and or PCT International Application number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information know to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 35 U.S.C. §365(b) of any foreign application(s) for patent or inventor's certificate, or 35 U.S.C. §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate of PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		
Number	Country	Day/Month/Year Filed
Number	Country	Day/Month/Year Filed
Number	Country	Day/Month/Year Filed

404050 E.F.6060

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Prior Provisional Application(s)	
Serial Number	Day/Month/Year Filing Date
Serial Number	Day/Month/Year Filing Date
Serial Number	Day/Month/Year Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or under 35 U.S.C. §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Prior U.S. or International Application(s)		
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Power of Attorney

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steven R. Funk Reg. No. 37,830
David W. Lynch Reg. No. 36,204
Karen D. McDaniel Reg. No. 37,674

Mark A. Hollingsworth Reg. No. 38,491
Michael B. Lasky Reg. No. 29,555
Iain A. McIntyre Reg. No. 40,337

I hereby authorize them or others whom they may appoint to act and rely on instructions from and communicate directly with the person/organization who/which first sends this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Altera Law Group, LLC otherwise.

Please direct all correspondence in this case to Altera Law Group, LLC at the address indicated below:

David W. Lynch
Altera Law Group, LLC
6500 City West Parkway - Suite 100
Minneapolis, MN 55344-7701

Full Name of Sole or First Inventor		
Family Name SARKINEN	First Given Name Gregg	Second Given Name T.
Residence and Citizenship		
City of Residence Buffalo	State or Country of Residence Minnesota	Country of Citizenship USA
Post Office Address		
Street Address 1002 Montrose Blvd.	City Buffalo	State & Zip Code or Country MN 55313
Signature of Inventor		Date

Full Name of Second Inventor, if any		
Family Name SARKINEN	First Given Name Scott	Second Given Name A.
Residence and Citizenship		
City of Residence Mounds View	State or Country of Residence Minnesota	Country of Citizenship USA
Post Office Address		
Street Address 7580 Knollwood Drive	City Mounds View	State & Zip Code or Country MN 55112
Signature of Inventor		Date

Full Name of Third Inventor, if any		
Family Name TRIVEDI	First Given Name Hemant	Second Given Name Vrajlal
Residence and Citizenship		
City of Residence Andover	State or Country of Residence Massachusetts	Country of Citizenship INDIA
Post Office Address		
Street Address 651 Brookside Drive	City Andover	State & Zip Code or Country MA 01810
Signature of Inventor		Date

Full Name of Fourth Inventor, if any		
Family Name	First Given Name	Second Given Name
Residence and Citizenship		
City of Residence	State or Country of Residence	Country of Citizenship
Post Office Address		
Street Address	City	State & Zip Code or Country
Signature of Inventor		Date

Full Name of Fifth Inventor, if any		
Family Name	First Given Name	Second Given Name
Residence and Citizenship		
City of Residence	State or Country of Residence	Country of Citizenship
Post Office Address		
Street Address	City	State & Zip Code or Country
Signature of Inventor		Date

Full Name of Sixth Inventor, if any		
Family Name	First Given Name	Second Given Name
Residence and Citizenship		
City of Residence	State or Country of Residence	Country of Citizenship
Post Office Address		
Street Address	City	State & Zip Code or Country
Signature of Inventor		Date